FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

3235-0076 OMB Number: Expires: April 30, 2008 Estimated average burden

OMB APPROVAL

hours per response 16.00

RECEIVED

NOTICE OF SALE OF SECURITIES: 0 6 2006 PURSUANT TO REGULATION, D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEM

SEC	USE ONL'	Y
Prefix		Serial
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		1

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Name of Offering (check if this is an amendment and name has changed, and indica	
Bella Pictures, Inc. Series B Preferred Stock and the Common Stock issuable upon co	onversion thereof
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION I	DATA
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)
Bella Pictures, Inc.	
Address of Executive Offices (Number and Street, City. State, Zip Code)	Telephone Number (Including Area Code)
580 Market Street Ste. 300, San Francisco, CA 94104	415-398-2050
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same as above	Same as above
Brief Description of Business	
Wedding Photography and Videography	
Type of Business Organization	INUCESSED
☐ corporation ☐ limited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	DEC 1 E 2000
Month Year	525 : 3 2000
Actual or Estimated Date of Incorporation or Organization: 0 6 0 4	Actual Estimated THOACSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbre	
CN for Canada: FN for other foreign juri	sdiction) DE
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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or ☐ Executive Officer □ Director ⊠ Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Kramer, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) c/o Bella Pictures, Inc., 580 Market Street Ste. 300, San Francisco, CA 94104 ☐ Director ☐ General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Kringas, Jr., John G. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Bella Pictures, Inc., 580 Market Street Ste. 300, San Francisco, CA 94104 General and/or Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) White, George Business or Residence Address (Number and Street, City, State, Zip Code) c/o Bella Pictures, Inc., 580 Market Street Ste. 300, San Francisco, CA 94104 Director General and/or Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Lefcourt, Jenny Business or Residence Address (Number and Street, City, State, Zip Code) c/o Bella Pictures, Inc., 580 Market Street Ste, 300, San Francisco, CA 94104 □ Director General and/or ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) McGlashan, William Business or Residence Address (Number and Street, City, State, Zip Code) c/o TPG Ventures, L.P., 301 Commerce Street, Suite 3300, Fort Worth, TX 76102 ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Foundation Capital IV, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 70 Willow Road, Menlo Park, CA 94025 □ Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Rhodes, Mitchell Business or Residence Address (Number and Street, City. State, Zip Code) c/o Bella Pictures, Inc., 580 Market Street Ste. 300, San Francisco, CA 94104 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Holland, Paul Business or Residence Address (Number and Street, City, State, Zip Code) c/o Bella Pictures, Inc., 580 Market Street Ste. 300, San Francisco, CA 94104 General and/or ☐ Director Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Morgen, Jeff Business or Residence Address (Number and Street, City, State, Zip Code) c/o Bella Pictures, Inc., 580 Market Street Ste. 300, San Francisco, CA 94104 General and/or □ Executive Officer ☐ Director Beneficial Owner Managing Partner Full Name (Last name first, if individual) TPG Ventures, LP Business or Residence Address (Number and Street, City, State, Zip Code) 301 Commerce Street, Suite 3300, Fort Worth, TX 76102 General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner □ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer ☐ Director General and/or Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	IFORMAT	ION ABO	UT OFFER	RING				
	-										Yes	No
1. Has the	issuer sold.	or does the	issuer inter	nd to sell, to	o non-accree	dited invest	ors in this c	ffering?				\boxtimes
					ppendix, Co							
What is	the minimu	ım investme	ent that will	be accepte	d from any	individual?.						
											Yes	No
3. Does the offering permit joint ownership of a single unit?								\boxtimes				
a persor states. I broker o	sion or sime to be listed ist the name or dealer, yo	ilar remune d is an asso e of the bro ou may set f	ration for so ciated perso ker or deale orth the info	olicitation on on or agent er. If more	ho has been if purchasers of a broker than five (or that broke	s in connect or dealer re 5) persons	tion with sa egistered wi to be listed	les of securi th the SEC	ities in the and/or with	offering. If a state of	•	
Full Name	(Last name	first, if indi	ividual)									
Business or	r Residence	Address (N	lumber and	Street, City	, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler				<u>. </u>					
												
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[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT) 	[VT]	[VA]	[WA]		- [[1 [3]
Full Name	(Last name	first, if ind	ividuai)									
Business o	r Residence	Address (N	lumber and	Street, City	y. State, Zip	Code)					-	
Name of A	ssociated B	roker or De	ealer				<u> </u>				•••	
					2 U L B	<u></u>						<u> </u>
					o Solicit Pu							☐ All States
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[IL] [MT]	[IN] [NE]	[IA] [NV]	[NH]	[KY] [NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
D	- D : J	Adda ()	b	Stance City	Ctata 7im	Coda						
Business o	r Residence	: Address (r	number and	Street, Cit	y, State, Zip	(Code)						
Name of A	ssociated B	roker or De	ealer						· ·			
States in W	hich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Check "/	All States" (or check inc	lividual Sta	tes)								. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \[\] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security \$0.00 \$6,935,064.27 Common Preferred \$0.00 \$0.00 _____)..... \$0.<u>00</u> \$0.00 Other (Specify \$6,935,064.27 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors \$6,935,064.27 <u>19</u> Accredited Investors..... 0 \$0.00 Non-accredited Investors Total (for filings under Rule 504 only)..... 0 Answer also in Appendix. Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Sold Type of offering Regulation A..... Rule 504.....______ \$0.00 Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. \$0.00 Transfer Agent's Fees \$0.00 Printing and Engraving Costs..... \boxtimes \$35,000.00 Legal Fees..... Accounting Fees П \$0.00 \$0.00 Engineering Fees \$0.00 Sales Commissions (specify finders' fees separately)...... 冈

Total

Other Expenses (identify) Filing fees, supplies, photocopies, teleconferences

\$1,500.00

\$36,500.00

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	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AN	I DI	JSE OF PROCEE	DS	
	b. Enter the difference between the aggregate o and total expenses furnished in response to Part C proceeds to the issuer."	2 - Question 4.a. This difference is the "adjusted	gros	1 58		<u>\$7,002,510.27</u>
5.	Indicate below the amount of the adjusted gross proc the purposes shown. If the amount for any purpose i left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b above.	s not known, furnish an estimate and check the box	to th	ie		
				Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees			<u>\$0.00</u>		<u>\$0.00</u>
	Purchase of real estate			\$0.00		\$0. <u>00</u>
	Purchase, rental or leasing and installation of i	machinery and equipment		<u>\$0.00</u>		\$0.00
	Construction or leasing of plant buildings and	facilities		\$0.00 <u></u>		\$0.00
	Acquisition of other business (including the va	alue of securities involved in this				
	offering that may be used in exchange for the					
	issuer pursuant to a merger)			\$0.00		<u>\$0.00</u>
	Repayment of indebtedness			\$0.00		<u>\$0.00</u>
	Working capital			<u>\$0.00</u>	\boxtimes	\$7,002,51 <u>0.27</u>
	Other (specify):	· · · · · · · · · · · · · · · · · · ·				
				<u>\$0.00</u>		\$0.00
	Column Totals			\$0.00	×	\$7,002,510.27
Total Payments Listed (column totals added)					02,510.	
		D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accredi	furnish to the U.S. Securities and Exchange Com	miss	sion, upon written		
Iss	uer (Print or Type)	Signature C		Date		
	ella Pictures, Inc.	Meles	-	December	4, 2006	.
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
M	itchell Rhodes	Chief Executive Officer				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)